Debtor 1	Rochelle N. Coates, II	
Debtor 2 (Spouse, if filling)		
United States Ban	kruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	18-18006	Check if this is:
(If known)		■ An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106I	MM / DD/ YYYY
Schedule	I: Your Income	12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment							
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse				
	If you have more than one job, attach a separate page with	Employment status	■ Employed	■ Employed				
	information about additional employers.		☐ Not employed	□ Not employed assistant The Harper Boyer Group, LLC				
	employers.	Occupation	home health aide					
	Include part-time, seasonal, or self-employed work.	Employer's name	Humble Hearts Home Care LLC					
	Occupation may include student or homemaker, if it applies.	Employer's address	2718 North 15th Street Philadelphia, PA 19133					
		How long employed th	nere? 2 months					

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2. 1,560.00 2,288.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 1,560.00 2,288.00

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Deb	tor 1	Rochelle N. Coates, II	-	C	ase i	number (if known)	18-	18006		
	Cou	by line 4 here	4.		For \$	Debtor 1 1,560.00		r Debtor n-filing s		_
_		-	٠.		Ψ_	1,300.00	Ψ_		,200.00	<u></u>
5.		t all payroll deductions:	_		_		_			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	346.67	\$_		541.67	_
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b 5c		\$ \$	0.00	\$_ \$		0.00	_
	5d.	Required repayments of retirement fund loans	5d		^Ф \$	0.00	- \$ \$		0.00	_
	5e.	Insurance	5e		\$ _	0.00	\$-		0.00	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	_
	5g.	Union dues	5g	J .	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	+ \$		0.00	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	346.67	\$_		541.67	<u>, </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,213.33	\$_	1	,746.33	<u> </u>
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$	0.00	\$_		0.00	_
	8b.	Interest and dividends	8b).	\$	0.00	\$_		0.00	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .	\$	0.00	\$		0.00	1
	8d.	Unemployment compensation	8d	ı.	\$	0.00	\$		0.00	_
	8e.	Social Security	8e	€.	\$	0.00	\$		0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g		\$	0.00	\$_		0.00	_
	8h.	Other monthly income. Specify: pro rata tax refund	_ 8n	1.+	\$	0.00	+ \$_		215.00	<u> </u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		215.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,213.33 + \$	1	,961.33	= \$	3,174.66
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		1,213.33		,301.33	- "	3,174.00
11.	Sta Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe		,	,	,	Schedul	le J. +\$	0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies						e. 12.	\$	3,174.66
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combi	ned ly income
		No.								

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